

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
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42						
43	1					
44	1					
45						
46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	26					
TOTAL CLAIMS	31					

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	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS